

# CLAIMS ONLY

SERIAL NO.

09849395

FILING DATE

5-7-01

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5	1		1			
6			1			
7			1			
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46						
47						
48						
49						
50						
TOTAL IND.	2	↓	4	↓		↓
TOTAL DEP.	3	←	3	←		←
TOTAL CLAIMS	5		7			

  

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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90						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10	1						60						
11							61						
12							62						
13							63						
14							64						
15	1						65						
16							66						
17							67						
18	1						68						
19							69						
20							70						
21							71						
22							72						
23	1						73						
24							74						
25							75						
26	1						76						
27							77						
28							78						
29	1						79						
30							80						
31	1						81						
32							82						
33	1						83						
34							84						
35	1						85						
36							86						
37							87						
38							88						
39							89						
40							90						
41	1						91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	4						TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						